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TO:	FROM:
MAIL STOP RCE	Kenneth F. Smolik
COMPANY:	DATE:
USPTO	May 10, 2006
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
(571) 273-8300	15
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
09/934,924	005222.00184

RE: In re: Appln. Beams, et al.
Appln. No. 09/934,924
Filed: August 22, 2001
For: Creating a Virtual Consultant

OFFICIAL FAX

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TRANSMITTAL FORM		Application Number	09/934,924
		Filing Date	08/22/2001
		First Named Inventor	Brian R. Bean is
		Art Unit	2157
		Examiner Name	Abdullahi E. Salad
(to be used for all correspondence after initial filing)		Attorney Docket Number	005222.00184
Total Number of Pages in This Submission	15		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Transmittal Fax Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Smolik		
Date	05/10/2006	Reg. No.	44,344

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Signature		
Typed or printed name	Kenneth F. Smolik	Date
		5-10-06

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/934,924	RECEIVED CENTRAL FAX CENTER MAY 10 2006
TOTAL AMOUNT OF PAYMENT (\$ 790.00)		Filing Date 08/22/2001	
		First Named Inventor Brian R. Beams	
		Examiner Name Abdullahi E. Sala	
		Art Unit 2157	
		Attorney Docket No. 005222.00184	

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
— - 20 or HP = — x — = —		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
— - 3 or HP = — x — = —		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 — - 100 = — / 50 = — (round up to a whole number) x — = —

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): Request for Continued Examination **790.00**

SUBMITTED BY

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Tel phone	(312) 483-5000
Name (Print/Type)	Kenneth F. Smolik	Date	05/10/2006		

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